

REQUISITIONS

OF THE

NAVAL MEDICAL OFFICERS,

BASED ON THE PRINCIPLE OF EQUALITY
WITH THE ARMY.

BY

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"It often falls in course of common life,
That right longtime is overborne of wrong."—*Spenser*.

SECOND EDITION.

Third Thousand.

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OPINIONS OF THE PRESS.

“This pamphlet is a very valuable one, and has evidently been written with great care.” “The subject is of great importance.”

“United, the so-called civil branch of the service is a power; divided, its strength is frittered away.”

“We think it greatly to be regretted that the different classes of the so-called civil branch weakens their cause by not contending on the broad principles in which the classes unite.”—*United Service Gazette*, June 10th, 1865.

“The evil is a crying one, and must be dealt with, unless their Lordships are content to commit once more the charge of the health of our seamen and marines to people of the type which was supposed to have disappeared from the navy even before the conclusion of our great war with France.”

“We must look further for the causes which have been at work to bring about so unhealthy a state of matters, and we despair of seeing any wholesome change until either the First Lord or Parliament consent to deal with the evil.”—*Army and Navy Gazette*, June 17th, 1865.

“The time has certainly arrived when, if the Admiralty are unconcerned at the dearth of medical officers, some superior authority in the State may justly, for the good of the public service, enter on the inquiry into the causes of this paralysing discontent.”—*Lancet*, June 10th, 1865.

“We feel that our naval brethren may safely rest their claims for redress on the statement thus advanced.” — *Medical Times and Gazette*, June 24th, 1865.

“We sincerely recommend Dr. Brown’s admirable and forcible exposition to the consideration of the profession.”—*British Medical Journal*, June 24th, 1865.

PREFACE

TO THE SECOND EDITION.

IN submitting a second edition to the public, I think it well to state that the pamphlet has met with the cordial approbation of the medical profession.

The authorities of the Universities and Colleges are in accord with the humblest member of the profession on the question that I strenuously advocate; and the naval surgeons, supported by their army brethren, feel grateful for the sympathy evinced towards them.

The opinions of the press now quoted show that the public are not unconcerned spectators of the struggle of right against wrong, by which longtime it has been "overborne."

Encouraged to persevere in the course that I have entered upon, I proceed to notice certain statements that have been made in Parliament touching the subject-matter of this pamphlet.

The Secretary to the Admiralty asserts that scarcity of assistant-surgeons is the normal condition of the Royal Navy, and that surgeons of junior standing are purposely employed in the place of assistant-surgeons that they (the surgeons) may be prevented from leaving the service.*

* See the 'Times' for the 24th June, reporting the speech of the Secretary in the House of Commons on the 23rd.

NAVY SURGEONS.—Sir J. Pakington (for Colonel Dunne) asked the

Doubtless the Honourable Secretary is in some degree correct in this statement; but since there are several mis-statements in his speech, I purpose to examine the same *seriatim*, responding to the statements collaterally.

The Secretary's Statements.

"The Admiralty certainly is not in great want of assistant-surgeons."

"There is always more or less difficulty in keeping the places of assistant-surgeons filled, there being so much employment for them elsewhere."

"The Admiralty did not think it necessary to take any steps for giving additional facilities for assistant-surgeons entering the service."

Replies.

I believe that I can show facts contrariwise.

This is a statement showing that the naval service is not popular among the juniors of the medical profession seeking employment.

Since it is rumoured that assistant-surgeons have been admitted recently, without being tested by the ordinary Naval Board of three examiners, apprehension is felt that the Admiralty *do contemplate* reducing the stringency of the present pass-examination, mild as it now is compared with the competitive examination of the army. It is scarcely possible that the Admiralty can return to that ancient order of matters when students without diplomas were admitted into the service.

I blush to own that so late as May, 1859, the diploma of one of the Royal Colleges of Surgeons was a superfluous rather than a necessary document. It is true that candidates were examined specially for the position of assistant-surgeon, both at one of the

Secretary to the Admiralty the reason why surgeons in the Royal Navy had been recently appointed to do assistant-surgeons' duty, and if it be owing to a scarcity of the latter officers, or that there are no candidates on the list for admission into the medical service of the navy; and if the Admiralty had taken any steps to remove so great an evil.

Lord C. Paget said several young surgeons had been lately appointed on promotion, particularly on foreign stations, in order to retain their services on board ship, and with the view of keeping young surgeons well employed, as there was always more or less difficulty in keeping the places of assistant-surgeons filled, there being so much employment for them elsewhere. The Admiralty were certainly not in a great want of assistant-surgeons, but the young surgeons were employed to do surgeons' duty with the view of keeping them from going into private practice. The Admiralty did not think it necessary to take any steps for giving additional facilities for assistant-surgeons entering the service.

*The Secretary's Statements.**Replies.*

"Several young surgeons had been lately appointed on promotion, particularly on foreign stations, in order to retain their services on board ship, and with the view of keeping young surgeons well employed."

"The young surgeons were employed to do surgeons' duty with the view of keeping them from going into private practice."

Colleges of Surgeons and at the Navy Board, still the fact is just that stated by me, *they had no diplomas of fitness to practice*. Unless closely watched, the Admiralty might rather *lower the qualifications of candidates than raise the inducements* for young surgeons to enter the public service.

This is class feeling operating against the best interests of the seamen of Her Majesty's Fleet.

This statement is inaccurate. The young surgeons (as they are termed by the Secretary, although they are gentlemen of middle age and promoted by seniority after many years of service) have been appointed in lieu of assistant-surgeons; and whilst thirteen have been in such manner appointed at Home Ports and on the Home Station, only two have been retained on foreign stations,* where they were serving previously to promotion.

These appointments please no one.

The "young surgeons" like not to take service under other surgeons, and the assistant-surgeons find themselves kept out of Home appointments to which they naturally look as a relief to foreign service. Nothing will cause more dissatisfaction amongst the assistant-surgeons than this measure, fraught, as it is, with mischief.

This statement is inaccurate. Surgeons are employed to perform assistant-surgeons' duty under surgeons senior to themselves, and *not to do surgeons' duty*. This measure will speedily disgust surgeons of talent and ambition that trust that they have become full-fledged on promotion but find themselves again employed in a subaltern professional position.

No act of the Admiralty is more likely to drive "young surgeons" out of the service into private practice than this.

Let it be remembered that the

* See 'Army and Navy Gazette,' July 8th, 1865.

*The Secretary's Statements.**Replies.*

shifts resorted to by the Admiralty to prevent surgeons from leaving the sea service of Her Majesty are practised during a state of profound peace.

What degradation of the naval medical service might we not expect to see during war, should such a course be persisted in?

In bringing my remarks on this subject to a conclusion, I would ask the question, Does public opinion concede to Government officials the right to employ special pleading in their writings and speeches in the service of the State? I am aware that the law of man (not the law of God) permits lawyers to use special pleading, but in all other instances I have always considered yea to be truly yea, and nay, nay.

“It is not in the power
Of painting or of sculpture to express
Aught so divine as the fair form of truth !”

However, the noble Secretary is master of the art of finesse, and (as is always the case) has become entangled in the net that he has spread for others.

I advise him to betake himself to plain dealing in word and deed, and to earn the gratitude of the naval surgeons by the remedying, so far as may lie in his power, those grievances that are patent to everyone. Such a course of conduct would number him with Nelson, Melville, and Pakington, as benefactors of the service. It would also put him in accord with certain living admirals that know, *in propria personá*, the worth of capable surgeons, and that sympathise with them in their struggle for equitable treatment.

There is another subject that I desire to bring before the public, namely, the institution of one Examining Board for the army, navy, and East India

service, as recommended by the Royal Commission of 1858.

The disdainful neglect of whole classes of officers by the Admiralty is evidenced by recent measures such as the Greenwich Hospital Act, in which naval instructors, engineers, and medical officers, are omitted from beneficial interest. Similarly, in a recent Circular, giving officers that qualify themselves for the office of interpreter, additional pay of eighteen-pence per diem—*there is the omission of medical officers.* It is time for the ancillary professions to demand equality with the military profession in every particular *save command.*

With the exception of emoluments—a question equally affecting the army and navy—there is nothing in this pamphlet that diverges from the principle of *equality with the army* upon which it is based.

FREDERICK JAMES BROWN.

ROCHESTER; *July* 20th, 1865.

PREFACE

TO THE FIRST EDITION.

THE public will require at my hands an explanation of the circumstances that have induced me to put forth a pamphlet on the ever-recurring subject of Naval Medical claims.

It might be considered that the changes that have occurred in the Royal Navy since 1849 (the year of my leaving the service), would be too great to admit of my possessing a practical knowledge of the requirements of the medical officers. This would be the case were it not for the affection that I bear the naval service—the Royal Navy in its entirety—and the zeal with which I follow the changes that take place. I hold myself to be fully informed on every point affecting the medical officers, and I crave from the public a patient hearing of the statements that I now put forth on behalf of these gentlemen.

The circumstances that have induced me to bring forward the requisitions of the medical officers of the Royal Navy are the following :

The Admiralty Instructions, dated August 6th, 1861, chap. xii, article 11, state that—

“ All combinations of persons belonging to the Fleet, for the purpose of bringing about alterations in the existing Rules and Regulations of the Royal Navy,

whether affecting their interests individually or collectively, are prohibited," &c.

Article 12 states that—

“Every person belonging to the Fleet is forbidden to write for any newspaper on subjects connected with the Naval Service; or to publish, or cause to be published, directly or indirectly, in a newspaper or other periodical, any matter or thing relating to the service.”

These prohibitory clauses of the instructions being in force, there is occasion for some surgeon in civil life, independent of control by the Admiralty, but nevertheless practically acquainted with the naval service (which is my case), to advocate the claims of the medical officers to just treatment; and I take up the subject with a renewal of the fervour with which I prosecuted the struggle of the assistant-surgeons for ward-room position a few years since.

I trust that the Admiralty of the present day are wiser in their generation than the Admiralty of that period, and that they will concede to the doctors the rank and social privileges enjoyed by the medical officers of the army.

I am aware that the great obstacle to the concession of the claims of the medical officers lies in the tenacity with which the privileges of the executive officers are held, arising from an ill-founded fear that the discipline of the navy is dependent on the restriction of such privileges to executive officers exclusively.

For my part, I think that etiquette is very important, but Progress has the ascendancy in England, and is effecting changes in society that are irresistible. The people resist for a time, then yield perforce to Progress in matters of State policy as well as in

domestic usages, and fears of change that were judged to be well founded are proved by the course of daily experience to be groundless.

It is difficult for a Board of Admiralty, constituted as it is of one professional class, to view with equal justice the claims of many professions.

The First Lord, being a civilian, is exempt from professional feeling, and, when acting spontaneously, and unfettered by his professional colleagues, the occupant of this office has on two memorable occasions won for himself lasting fame, by enacting measures worthy of great statesmen. Such were the equalisation of the Medical Department of the Army and Navy in 1805 by Viscount Melville, and in 1859 by Sir John Pakington.

I am certain that naval executive officers feel pride in the professional reputation of naval surgeons, and would scorn to have them esteemed beneath the medical officers of the army in any one point.

Let them hear from me, then, that the only way to retain the services of surgeons of talent and reputation in the Royal Navy is to place them on an *equality with their brethren in the army*.

In conclusion, I desire to state that whilst I served in Her Majesty's Navy I invariably received courteous treatment from the executive officers, amongst whom I number many friends.

Further, the Lords of the Admiralty showed me personal kindness, though opposed to my views of medical reform.

It affords me pleasure to bear this testimony.

FREDERICK JAMES BROWN.

REQUISITIONS

OF THE

NAVAL MEDICAL OFFICERS.

SECTION I.

RANK AND POSITION.

THE naval medical officers complain of *mala fides* practised towards them from the days of Nelson, the friend of the surgeons, to the present time. England's great admiral courteously preferred their request to be placed on an equality with their *confrères* in the army; and Viscount Melville, with "the justice and liberal way of thinking" ascribed to him by Lord Nelson, obtained from King George the Third, in Council, an order that has ever been looked upon as the charter of the naval surgeons.

There is no ambiguity in that order; the medical officers are "to have a similar rank with the officers of the same class in His Majesty's land service."

Whilst equality between the medical officers of the two services was thus ordered by the King in Council, provision was made for discipline, and rank and command were treated *as separate entities*. Thus the order goes on to say that the medical officers are "to be subordinate, however, to lieutenants of His Majesty's ships and vessels wherein they may be employed, during the period of their service, although their appointments may be of prior date." This

disciplinary provision applied to shipmates, and did not imply subjection of one class to the other in the service generally. The assumption of superiority by the executive class had its origin early in the history of the sea service. From the time that the seamen and officers of the navy came to fight as well as navigate their own ships (which was not fully the case until the reign of William and Mary), there arose in their breasts a feeling of superiority over landmen serving on board ship. It is only when united with arrogance of behaviour that such feeling is deserving of reprobation.

In early English History a Royal Fleet, according to our modern notions, did not exist.

On every emergency merchant ships were hired for the occasion, together with their officers and crews. Soldiers and military officers were placed on board by the king to engage the enemy, whilst the navigation and ship-manceuvring were executed by the merchant officers and mariners.

The admirals and captains of that day were generals and colonels of the land forces.

All authority was vested then in the military or fighting officers; all the honour of the victory was bestowed upon them; all the glory (so-called) of war belonged to them.

But there came a day when true sea-water admirals arose, when Narborough, Shovel, and Benbow distinguished themselves by their nautical knowledge and daring, and by their address in the command of fleets in battle.

Then it was that relative naval rank was instituted, for land officers were slow to recognise the position of nautical men, chiefly because amongst the early "pure admirals" there were many of humble origin;—men

that reached the quarter-deck by entering at the hawse-holes (as sailors say).

The Naval Reserve, now in course of organisation, testifies to the fact that Britain still reposes her trust (humanly speaking) in the nautical skill and patriotism of the mercantile marine under emergencies, as in the days of Elizabeth.

At the present period there is a growing desire not only to resume the titles of officers of the land service in lieu of those of naval origin (excepting only the titles of admiral and commodore), but there is the disposition to treat the members of the ancillary professions as the merchant officers were treated in days long past.*

Viscount Melville, First Lord of the Admiralty in 1805, impressed by the opinions of Lord Nelson, as to the claims of Naval Medical Officers, and the injustice to the service in not encouraging the best surgeons to enter the navy, obtained the Royal authority to rectify that state of things (based on the causes referred to), which debarred from the service medical practitioners of due education.

Viscount Melville was succeeded in office by Lord Barham, in June, 1805, and *mala fides* was soon shown towards the surgeons, for the new regulations of the Admiralty, issued in January, 1806, contained no allusion to the rank of the medical officers. It is true that the rank was substantive, for surgeons, when made prisoners of war, received the treatment of officers from this period;† but whilst army surgeons were

* Lest there should be any misunderstanding, the writer begs to state that he does not object to the use of land titles for nautical officers, but he does object to the disposition to ignore the claims of the ancillary professions of navigation, engineering, finance, theology, tuition, and medicine, to equality of status, of pay, of allowances, and of privileges with the military branch. The military and the ancillary professions should differ solely in the matter of *command*.

† I have since been told that surgeons were always treated as gentlemen, when prisoners of war, by virtue of their profession.

appointed by commission, their brethren in the navy held only a warrant. It was only in the year 1840, after the report of the commissioners for inquiring into naval and military promotion and retirement, that commissions were granted to naval medical officers, together with the institution of the inspector grades, in imitation of the existing state of things in the army. But there was still a lack of equality between the services, for each grade of inspector in the navy was one degree below that of the same class in the army; and the "with but after" distinction between executive and civilian officers was established in the naval service, unlike that of the army. The Army Warrant of October 1st, 1858, was followed by the Navy Warrant of May 13th, 1859. By these two warrants equality was very nearly effected between the medical officers of the two services. The difference consisted in a portion only of the assistant-surgeon's time (viz., ten years) being allowed to count for the twenty years of active service necessary for the rank of staff-surgeon (equivalent to that of surgeon-major), whilst in the army the whole of the assistant-surgeon's time counted, and in the circumstance of the staff-surgeon not being in a list distinct from that of the surgeon.

This second equalisation of the services was effected by Sir John Pakington, as was the first by Viscount Melville. But just as the retirement of the noble First Lord in June, 1805, was followed by disastrous consequences to the naval surgeons, so the fall of the ministry of which Sir John Pakington was a member, in June, 1859, occasioned retrograde changes in the position of the surgeons.

An Order in Council of April 16th, 1861, and an Admiralty Circular (No. 472) of May 7th, 1861, lowered the rank of surgeons; and the new instruc-

tions of the Admiralty of August 6th, 1861, lowered the rank of deputy inspectors-general of less than five years' standing, placing them on a level with surgeons-major in the army; and lowered the rank of staff-surgeons, by making them doubly junior to lieutenant-colonels, whilst surgeons-major were simply junior.

Evil influences had been at work in the army during this period, and the regulation of juniority of one class to another had been introduced into that service, together with restrictions and deprivations of privilege, that occasioned an outcry resulting in the restitution of rank by seniority of commission, and of some of the privileges that had been taken away.

Restitution of the rank of naval medical officers quickly followed. An Admiralty circular (No. 55 C) of August 3rd, 1863, conferred equality of rank upon the different grades of medical officers in the two services, with the exception of the staff-surgeon in the navy, who continued to be junior to the commander (who is junior to lieutenant-colonels). Therefore the staff-surgeon retained his double juniority, and he was only permitted to count ten years of assistant-surgeon's time. So much for rank, but there is inequality in other particulars which will be more fully considered further on.

It is a matter of extreme importance that the sources of the discontent of the naval medical officers should be brought into clear light, to the end that they may be eradicated. Discontent has smouldered ever since the neglect of the Order in Council of 1805, occasionally breaking forth like volcanic eruptions, but more mischievous when smouldering, inasmuch as apathy, damaging to the interests of the service, has been engendered, and men of mark are glad to quit the navy,

or are deterred from joining it. Medical students and young surgeons compare the army and navy, and choose the former service, because a more gentlemanly spirit prevails in it. Educated similarly, candidates for medical appointments feel that similar position should be accorded them, whichever service they may choose; and, looking at the charter of equality of 1805, they feel that not even the word of a king can secure them from humiliation at the hands of sea lords at any time, and on any occasion. This element of uncertainty is intolerable, as says Mallet—

“Uncertainty!

Fell demon of our fears! the human soul,
That can support despair, supports not thee.”

There are two other sources of discontent, viz., the “with but after” distinction (a grammatical absurdity) replaced by the juniority regulation (applicable to officers sentenced by court-martial to remain at the bottom of the list); and restrictive regulations and usages regarding the advantages of the rank nominally held by the medical officers.

The offensive and ungentlemanly term of “superior officer,” flung in the face of civilians (so called) by executive officers, arises from the “with but after” idea.

In an enumeration of the sources of discontent, inequality and insecurity of position hold the primary place; whilst juniority, with its subjection to the “superior officer” class, and restriction of the emoluments and the privileges of rank, follow. *Eradicate these sources, and discontent will cease.*

There will always be grumbling amongst officers, especially naval officers; for, cooped up on board ship, they find relief in dwelling upon grievances, imaginary

as well as real. Also there will always occur acts of arrogance and tyranny on the part of men holding authority, for as Butler says, "authority intoxicates;" but it is easy to submit to the *commanding officer*, whilst it is intolerable to have half-a-dozen "*superior officers*." It is, indeed, derogatory to the captain of a ship for one officer to arrogate to himself superiority over another, excepting always the officer commanding under the captain. Assumption of command by medical officers is a chimera that haunts the imagination of the executive officers, but command is straitly forbidden by the Admiralty, and is wholly visionary. Rank and command are separate entities. *Either this fact is not understood, or it is wilfully ignored.*

Nothing in these pages is intended to be understood as favouring the subversion of order and discipline, nor is there any desire to depict the executive officers as insolent tyrants. As a body of men, they are devoted to their profession, gentlemanly in their conduct, and friendly in their intercourse with their brother officers of every class. This pamphlet is placed before the public with the idea of promoting the welfare of the Royal Navy generally, although the interests of one class are prominently set forth; for concord can never subsist whilst the ashes of discontent continue to smoulder. Messmates should assume equality—the equality of gentlemen—whatever their rank, for Milton says—

"Among unequals what society
Can sort? What harmony or true delight?"

It is a trite saying that "a happy ship is like *a family*, whilst an unhappy ship is a hell afloat." It is the earnest wish of the writer that men and officers of every rank and degree may serve harmoniously to-

gether, each class excelling in its own profession, whether this be Navigation, Gunnery, Engineering, or Theology, Medicine, Tuition, Finance ; and that one and all may strive to maintain the ancient fame of the Royal Navy.

SECTION II.

ONE BOARD OF EXAMINERS.

It has been suggested to the writer that the most certain mode of equalising the services would be the institution of One Portal for the admission of medical gentlemen to the war-service of the country.

Since this proposition has been seven years before the public, it cannot be regarded as novel ; and since it emanates from a Royal Commission, it can scarcely be considered revolutionary.*

In the Report of the Sanitary Commission of the Army presented to the House of Commons by command of Her Majesty on 9th February, 1858, page 79, the following recommendation occurs :—“And we think it desirable that, if possible, one and the same Board should conduct the examination for the medical service of the East India Company, the navy, and the army.”

Should this recommendation meet with the approbation of the authorities of the three services, it would go far to bring about an equalisation that would prove to be eminently satisfactory.

Further, the service-education of inceptive assistant-surgeons of the three services might be advantageously carried out in common at one institution. Thus the war-service of the country would be equalised as

* See ‘Report of the Commissioners appointed to inquire into the Regulations affecting the Sanitary condition of the Army, the Organisation of Military Hospitals, and the Treatment of the Sick and Wounded ; with Evidence and Appendix, presented to both Houses of Parliament by command of Her Majesty.’

regards the pupillary condition of the profession of Medicine, and complete parallelism between the services in every grade of rank would follow as a matter of certainty.

If service-education *in common* should be deemed unadvisable, each service must organise an educational establishment for itself, and Haslar or Greenwich might constitute the naval medical school, when endowed with suitable provision for instruction after the model of the Army Medical School at Netley.

SECTION III.

RETIREMENT AND PRIVILEGES OF RANK.

THE medical officers of the navy claim to be placed on an equality with their brethren in the army in the matter of retirement and privileges of rank, agreeably to the recommendation of the Commission of 1839, to the effect that it is “expedient to place the medical officers of the navy, with respect to rank, &c., on a scale more nearly corresponding to that assigned to officers of the Army Medical Department.”

The following table shows the difference in the compulsory retirement of the medical officers of the two services :

ARMY.	AGE.	NAVY.	AGE.
Inspectors-general	65 years.	Inspectors-general	70 years.
Surgeons-major	55 „	Staff-surgeons	60 „

The compulsory retirement of senior officers affords to young men an opportunity of advancement. The medical officers of the navy further ask for optional retirement upon the completion of twenty years' active service (inclusive of all the assistant-surgeon's time).

So much for retirement.

The privileges of rank claimed by the naval medical officers, to bring about an equalisation with the army, are the following :

1. Shore allowances compensatory for loss of emoluments of service afloat.
2. Similar allowances at a higher rate for service abroad.
3. Prize-money according to relative rank.
4. Honorary distinctions to naval medical officers,

on the same principles and as liberally bestowed as in the army.

5. Modification of the existing regulations respecting rank and command, so as to confer social privileges in equal ratio with relative rank.

6. Application to the navy of future regulations (unless retrograde) affecting the medical officers of the army.

1. *Shore Allowances* [see Appendix, art. 10, p. 65].

Whilst naval officers are serving on shore *conjointly with the army*, they receive the same allowances as the land forces; but under other circumstances of shore service they receive nothing but their pay, and are mulcted of rations, fuel, lights, and services of domestics.

The medical officers claim shore allowances compensatory for the emoluments of service afloat, which is the more reasonable as executive officers on full pay employed on detached service receive all their subsidiary allowances.

2. *Shore Allowances for Service Abroad.*

The medical officers claim a higher rate of compensatory allowances when serving in hospitals out of the United Kingdom.

The maintenance of the high character of the naval service, dear to the medical as to every other class of officers, renders a large expenditure necessary in colonies and foreign stations. The request is therefore made for the honour and benefit of the service.

It would be a boon to the medical officers of the navy to grant them, on paying off, one month of full-pay time for every complete year of foreign service, in consideration that all army officers have regulated

leave from foreign stations, and that clerks serving in foreign naval hospitals are entitled to one month's leave per annum.

3. *Prize-money* [see Appendix, art. 11, p. 65].

The medical officers of the navy claim to be treated similarly to their brethren in the army ; that is to say, to share prize-money according to relative rank.

The Army Warrant of October 1st, 1858, art. 17, states that "such relative rank shall regulate rates of prize-money." The Navy Warrant of May 13th, 1859, art. 11, states, "Medical officers will share prize-money according to the Proclamations which may be in force at the time being," &c.

By the Proclamation of December 29th, 1853, and by the Proclamation of 29th June, 1865,* a surgeon shares in the *fourth class*, with "an ensign of land forces doing duty as marines," with an "assistant-engineer, gunner, boatswain, and carpenter."

Thus, naval medical officers are placed in a most inferior position as regards prize-money, although their duties and dangers in time of battle and boat action are equal to those of their shipmates, and the responsibility and fatigue attendant upon the care of the wounded, long after the action, presses more particularly upon them.

Surgeons in the army receive prize-money according to relative rank, and thus share with majors.

* The Proclamation of 1865 (an occurrence of yesterday) shows that the Admiralty are resolved to persevere in a course of treatment towards the medical officers that renews their grievance on this head. The only difference between the Proclamations of 1853 and of 1865 is the location of staff surgeons in the third class, by which regulation this medical officer, although holding the rank of lieutenant-colonel (junior of the rank), receives the prize-money due to captains and majors in the army.

Surgeons in the navy, ranking equally with majors, share prize-money with ensigns.

It is commonly said, and it is sung in our streets, that sailors are generous. Let these facts speak for themselves.

If seamen be generous, so are not sea lords.

4. *Honorary Distinctions* [see Appendix, art. 14, p. 66].

The medical officers claim the fair carrying out of the Order in Council of May 13th, 1861, which provides that "Medical officers shall be entitled to the same honours as other officers of the Royal Navy of equal rank." A reference to the 'Navy List' demonstrates the fact that medical officers have been overlooked in great measure in the distribution of honours. On the active list there was recently but one name distinguished by the Companionship of the Bath, and in this instance the officer had attained to the highest grade of his class by war services, thus meriting the K.C.B. instead of the C.B., if rewarded at all. Lately the C.B. has been conferred upon the Director-General.

The 'Army List' shows two K.C.B.'s and fourteen officers distinguished by the C.B., and in several instances the services that obtained the decoration were rendered by officers of the grade of surgeons. The 'Indian Army List' shows similar examples of the superior consideration afforded to medical officers serving as soldiers.

The Victoria Cross has never been given to a naval medical officer, whilst ten medical officers in the army have been recipients of this badge of humane bravery.

With reference to this inequality of the two services, it may be repeated now, as was asserted by the Naval and Military Commission of 1839, in judging of the comparative unpopularity of the naval medical service, "We feel assured that opportunities for individual distinction are far more frequent in the navy than in the army."

The writer forbears to mention instances occurring in late times, but they are known throughout the service.

War medals are not distributed to medical officers serving in hospitals on shore, *because such officers are borne on the civil establishment of the navy.*

Therefore medical officers of the navy claim to be recognised as always belonging to the military branch of the navy, to the end that they may receive a due recognition of their hospital services.

In the first edition the disparity between the two services as regards honorary distinctions was only lightly touched upon. Since that publication there has been a marked display by the authorities, of the derogatory view entertained by them of the position of the medical officers of the navy, in the circumstance that whilst five army medical officers have been decorated with the Order of the Bath only one medical officer of the navy has received that distinction. Two of the army officers were made K.C.B., and three C.B.; and amongst the latter were one surgeon-major and one regimental surgeon. The solitary naval medical officer was the Director-General, upon whom was conferred the *third* class of the Order, that to which regimental surgeons are freely admitted.

Such an invidious distinction needs no comment, but it is time that the cause of the evil should be laid bare and brought before the entire profession that

they may understand the true *status* of their naval brethren.

In the appendix there will be found a reprint of two Ordinances in the Statutes of the Order of the Bath, showing that whilst, in the army, regimental surgeons and staff surgeons, and in Her Majesty's Indian Military *and Naval* Forces, the senior surgeons, are admissible to the second class of the Order of the Bath, viz., that of K.C.B., as well as to the third class or that of C.B.; in the Royal Navy, the lowest grade of medical officer that can be decorated with the Order in its *third class*, is that of Deputy Inspector-General.

It would be an injustice to the memory of that Prince whose sign-manual is affixed to the Statutes, to conceive that he was aware of the derogatory disparity between the services, particularly as he placed confidence in the professional skill and social qualities of those medical officers of the Royal Navy that had access to his presence.

Prince Albert was remarkable for his appreciation of scientific men, and he delighted in encouraging and rewarding those that laboured to benefit their fellow men.

It is certain that he must have overlooked rather than have disregarded the equal rights of army and navy surgeons.

A collation of facts and dates will place the entire matter in a clear light, completely exonerating His lamented Royal Highness.

1st October, 1858, date of army Warrant, giving regimental surgeons the rank of major.

31st January, 1859, date of Statutes admitting regimental surgeons fully to the honours and distinctions of the second and third classes of the Order of the Bath, by virtue of their newly acquired rank of major.

30th May, 1859, date of Admiralty Warrant giving to naval surgeons equality of rank with their brethren in the army.

No further edition of the Statutes has taken place, although such was necessary to the rectification of the position of the medical officers of the navy.

The authorities of the army acted with promptitude in obtaining an issue of the Statutes containing Ordinances suitable to the altered circumstances of the medical officers, thus showing (in this particular) *bona fides in the treatment of their surgeons*.

The authorities of the navy neglected to take action under similar circumstances, and thus showed *mala fides to their surgeons*.

The inference is fair, either that the Board of Admiralty are insensible to the indignity offered to the Royal Navy in this disparagement of the medical department, or that *class feeling* has caused them to view with satisfaction this depressing disability of the medical profession serving under their authority.

After such continued ill-treatment and insult, can the public wonder that the Admiralty find it to be a difficult task to fill up the ranks of the naval medical department? Medical gentlemen possessed of fine feeling shrink from entering a service in which they meet with nought but disparagement and insult, and those of active and ambitious minds despise the few inducements to a successful career in life offered by the Lords Commissioners of the Admiralty.*

5. *Rank and Command.*

The public naturally regard social position and rank as inseparable attendants upon each other, and will

* See a copy of the Statutes of the Order of the Bath in the 'Appendix.'

scarcely credit the assertion that the sea lords of the Admiralty have attempted a breach in the fundamental usages of society, comparable to that grammatical absurdity, the “with but after” distinction.

In confirmation of the foregoing assertion, the following extract is made from the Regulations of August 1st, 1861, article 4, section 6, chapter iv :

“If two officers of the civil branch have met together, and an officer of the military branch under whose command the senior of the two is serving be also present, the junior civil officer, whatever his rank and standing may be, cannot, in such case, take precedence of the officer of the military branch, but must assume his position according to his rank and standing after the officer of the civil branch next above him in rank or seniority.”

This regulation (scarcely written intelligibly) has subverted the natural connection between rank and social position, and it confers upon the commanding officer social privileges that will never be conceded by the public. It might thus happen that a junior lieutenant might be the senior executive officer; in such case, under the existing regulations, the medical officer of the highest grade of his class, and ranking with a rear-admiral, would sit at a dinner-table along the side, whilst the lieutenant would take the president's chair.

The Army Warrant of October, 1858, placed medical officers in their right place on all boards (excepting only courts-martial), namely, position at the board according to relative rank and date of commission; but as the internal economy of the two services differs essentially in the constitution of boards, this question can scarcely become a grievance with medical officers of the navy.

The privileges of the medical officers of the army on boards have since been withdrawn.

The social privileges of the medical officers of both services, as regards mess, &c., are still denied to them, constituting a grievance demanding redress.

The medical officers of the navy require that rank and command shall be regarded as separate entities, and that social position and privileges shall be invariable attendants upon relative rank.

The Queen's Regulations, page 45, chap. v, article 2, distinctly point out the difference between rank and command *in all relations between the army and navy*. That which is urgently needed is the same regulation for the internal economy of the navy.

“Nothing contained in these regulations is to give a claim to any officer of the navy to assume command of Her Majesty's land forces on shore, nor to any officer of the army to assume command of any of Her Majesty's squadrons or ships, or of any of the officers or men thereunto belonging, unless under special authority from the Government in England for any particular service. But when officers of the navy are employed on shore, on joint service with Her Majesty's land forces, their relative rank shall carry with it all precedence and advantages attaching to the rank with which it corresponds (except command as aforesaid), and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel and lights, or allowances in their stead.”

The question of rank and command is worthy of investigation, and the following is an historical sketch of the subject, dating from the first half of the last century. In 1734 there was an Order in Council fixing the marks of respect to be paid by troops in garrison to naval officers down to the rank of commodore.

In 1747 relative rank with the army was for the first time conferred by an Order in Council upon officers of the navy down to the rank of lieutenant.

It was stated in the order that relative rank was given *inter alia* to enable the officers "to support the dignity of their rank in their respective stations."

In these facts the alliance between rank and social privileges is affirmed; but it is clearly shown that *rank* was not the *right to command*, by the 12th paragraph of the Order in Council of 1747 :

"That nothing in this regulation shall give any pretence to any land officers to command any of His Majesty's squadrons or ships, or to any sea officer to command at land." This clause continues in force to the present day.

Rank was the same, but *command* belonged to each only in his own province.

Summary of relative rank of naval officers by date of Orders in Council.

1747 [10th *February*]. Commissions and relative rank given to executive officers down to lieutenants inclusive.

1805 [23rd *January*]. Relative rank, without commissions, given to medical officers inclusive of assistant-surgeons.

1808 [28th *September*]. Ditto to masters, exclusive of second masters.

1814 [23rd *July*]. Ditto to pursers, now styled paymasters.

Same date. Commissions in lieu of warrants given to masters, medical officers, and pursers (now styled paymasters).

1840 [10th *August*]. Commissions and relative rank given to mates, now styled sub-lieutenants.

1844 [1st *January*]. Commissions and relative rank given to second masters.

1847 [27th *February*]. Commissions and relative rank given to engineers.

1852 [3rd *July*]. Commissions and relative rank given to assistant-paymasters.

6. *Future Regulations.*

The medical officers desire that all regulations (unless retrograde) respecting medical officers in the army shall be immediately made applicable to the medical officers of the navy.

Hitherto this has not been the case ; much time and labour had to be expended, and much printer's ink used, ere improvements in the army were conceded to the navy.

SECTION IV.

FULL PAY.

THE great changes that have occurred in the value of money relatively to the necessities of the social position of officers of the Royal Navy require a rectification of money payments. The increase of pay that has from time to time been given to the junior grades of surgeon has not been afforded to officers of mature years and service, which is *prima facie* evidence that the increase was given rather to induce medical gentlemen to enter the service than to reward medical officers that had served long and well.

It is a prevalent error in the service, that medical officers have received increase of pay during the present century in much higher ratio than executive officers.

An examination of this matter brings out some curious statistics, pointing markedly in the contrary direction. [See the table in the note to Section IV, page 59.]

It will be seen that lieutenants have risen in the ratio of 54 per cent. on their minimum pay, and 107 per cent. on their maximum, whilst surgeons have advanced only in the ratio of 50 per cent. on their minimum, and 38 per cent. on their maximum.

In the higher grades there is much greater disparity,

as will be seen by a reference to the table, the ratios running as follows :—

{ Executive officer	107
{ Medical „	7
{ Executive „	21
{ Medical „	8
{ Executive „	93
{ Medical „	2

Besides the circumstance of pay, there are differences in favour of the higher grades of executive officer in the matter of table-money, allowances for servants, &c. ;* also in promotion by seniority after the attainment of a certain rank; and in retirement (when disqualified for further active service), with a grade of rank, together with its emoluments, unlike the honorary grade bestowed now and then upon medical officers for “distinguished service” on the occasion of their retirement.

For other particulars the reader is referred to the table in the note.

The following is a scheme of the full pay that the profession considers to be adapted to the present period.

Scheme of Full Pay.

Director-General.—Civil pay of £1000 per annum, and allowance for house, as at present, with the addition of the half-pay of his proper rank, similarly to the Controller of the Navy, who is a naval officer on the civil establishment of the Admiralty, like the Director-General.

This addition of half-pay would be agreeable to the

* Table-money and allowances are counted as pay in the comparison between the executive and medical branches. Allowances are in cash, or of a stated money value, and are justly included in the calculations. No one can object to this mode of computation except cavillers.

spirit of the Order in Council of 1st April, 1853, viz., that the Surveyor of the Navy (now styled Controller) should receive his half-pay in addition to the salary attached to his civil office.

					Per diem.
Inspectors-general, after 3 years' service in rank	.....	£3	3	0	
„ „ under 3 „ „	.....	2	12	6	
Deputy inspectors-general, after 9 years' service in rank	.....	2	2	0	
„ „ „ 6 „ „	.....	1	17	6	
„ „ „ 3 „ „	.....	1	15	0	
„ „ under 3 „ „	.....	1	10	0	
Staff-surgeons, after 25 years' entire service	.....	1	10	0	
„ under 25 „ „	.....	1	5	0	
Surgeons, after 16 „ „	.....	1	2	6	
„ „ 14 „ „	.....	1	0	0	
„ „ 12 „ „	.....	0	17	6	
„ under 12 „ „	.....	0	16*	0	
Assistant-surgeons, after 10 years' service	.....	0	14	0	
„ „ 6 „ „	.....	0	12	6	
„ „ 3 „ „	.....	0	11	0	
„ under 3 „ „	.....	0	10	0	

It is necessary that the whole of the assistant-surgeon's time shall count for service in the succeeding grades.

For the purpose of equalising the army and navy, it will be necessary to allow the whole of the assistant-surgeon's time to count for pay, promotion, retirement, &c., up to the inspector class. A distinction in the scheme is made between the mode of counting time for the grades of surgeon and that employed for the grades of inspector. The reason is as follows:—Surgeons rise from assistant-surgeon to the rank of staff-surgeon by length of service, whilst promotion to the rank of deputy inspector is given for merit and distinguished service, and may be conferred upon a surgeon of ten years' service in the Royal Navy, and three years' service in the grade of surgeon. There-

* The amount stood as 15s. in the first edition.

fore it becomes necessary to give to the deputy inspector that pay which the staff-surgeon (in his highest service) would receive ; otherwise the deputy inspector might be in receipt of less pay than surgeons of longer standing than himself. For this reason the scheme distinguishes the mode of counting time into "service inclusive of all time" for assistant-surgeons, surgeons, and staff-surgeons ; and "service in rank" for deputy inspectors and inspectors.

Half a century ago a parallelism existed between the emoluments of certain grades of the executive and medical branches, which is now wanting. For instance, early in the present century a lieutenant by serving until he attained to the rank of a rear-admiral increased his emoluments from £118 12s. 6d. to £881 5s. 1d. per annum. At the same period an assistant-surgeon, by serving until he attained to the rank of physician to hospital or fleet (of ten years' service in physician's rank) increased his emoluments from £118 12s. 6d. to £766 10s.

Since that time cardinal changes have occurred in the service, so that in the present year of 1865, lieutenants rise from the pay of £182 10s. to be rear-admirals, with the minimum pay of £1672 10s. (the maximum being £1825), whilst assistant-surgeons rise from £182 10s. to be inspectors-general with the maximum pay of £821 5s.

Thus the medical branch has not increased its emoluments, *pari passu*, with the executive branch. Increase of rank has been conferred upon medical officers for the advantage of the service without corresponding advance of emoluments, and this is most strikingly shown on a comparison of the superior grades of the two branches.

For the relative rank of medical officers see the

Warrant of May, 1859, clause 9 ; and for the relative pay of the branches, see note to Section IV.

Had the emoluments of the medical officers risen in a corresponding degree with those of the executive officers, their pay in the superior grades would now be much greater than it is.

The medical officers are dissatisfied that such correspondence does not exist. They freely concede to the Admiralty the right to reserve to the military branch command and enforcement of discipline, but they maintain their claim to advance in emoluments suitable to the period.

A better income progressively increasing might induce "*young surgeons*" to continue in the service instead of quitting it for the purpose of private practice.

On the present scale of pay, the medical officer that without loss of time completes 25 years of service, viz., 10 as assistant-surgeon, 10 as surgeon, and 5 as staff-surgeon, receives the following :

	Per annum.
For first 5 years' period	£182 10 0
For second ,,	209 17 6
For third ,,	273 15 0
For fourth ,,	328 10 0
For fifth ,,	401 10 0

The mean sum for 20 years amounts to £248 per annum ; but should the full-pay service extend to 25 years, the mean sum will be about £280 per annum. The scheme of pay that is now advocated (which is the minimum that the medical profession can regard as fitting remuneration for their naval brethren), would yield a mean sum of £283 per annum for 20 years' service, and £318 per annum for 25 years' service.

By this scheme, increase of pay would take place at

determinate periods of short duration ; inducing officers to continue in active service.

The Government must expect to pay market price for professional talent. Experience shows that the naval medical service is becoming more unpopular with surgeons day by day ; for, as Lord C. Paget admits, "*there is so much employment for them elsewhere.*" This is tantamount to saying that the terms offered by the Admiralty are insufficient to induce gentlemen of the medical profession to take service under their Lordships' rule.

SECTION V.

HALF-PAY AND RETIREMENT ALLOWANCES.

THE legitimate aim of the authorities of the public service is to obtain from their *employées* the full benefit of active and continuous *work*.

If the half-pay be disproportionate to the pay for active employment, officers have but little inducement to serve. This fact is well shown by the Report of the Royal Commission on Naval and Military Promotion in 1840, page 53, "We have no doubt, however, that the deficiency of service and unwillingness to be employed, as shown in the evidence before us, has arisen in many cases from the little inducements to lieutenants to remove from half-pay to full pay."

* Evidence of Sir W. Parker, then a Lord of the Admiralty, in his examination by the Commission :

Page 151, Replies 22, 23. "Now, I experience the greatest possible difficulty in getting lieutenants to serve."

And speaking of half-pay being allowed to mates, he says, "They might assign inability from infirmities such as rheumatic pains, headaches ; or give other reasons for exemption to which it would be difficult to object, and thus they would avoid service."

The Admiralty increased the full-pay of the lieutenants and thus induced them to seek employment. Inasmuch as all classes of officers are liable to frailty of a like nature to that mentioned, it is wisdom to

pay better, proportionately, for *work* than for *retainment of services*.

Retirement after long service is of a nature wholly different from half-pay. The principle that should guide the authorities in providing for their *employées* is this, That every officer should attain to honour and competence after long and faithful service. The period of twenty-five years, constituting a quarter of a century, is one that is not surpassed by officers of any class, as a general rule, and may be accepted as a good practical amount of active service. Officers of every class attaining to this amount should retire with one grade of substantive rank with the minimum retiring allowance of that superior rank. Retiring rank is given to officers pretty generally, but it is only accompanied by corresponding pecuniary allowances in the case of the military branch.

It is a requisition of the medical officers that staff-surgeons shall retire with *the substantive rank* of deputy inspector general, and with the minimum retiring pay of that rank, namely, *one guinea per diem*, after twenty-five years of active service.

In justification of this requisition several arguments may be adduced in addition to the one just discussed.

There is the alteration in the appointments at the dockyards limiting the period to five years, thus bearing hard upon the staff-surgeons by preventing them from attaining to the ten years of civil service necessary to entitle to a civil pension additional to their half-pay. Also the loss of full-pay time (common to all naval officers) acts disadvantageously to naval surgeons by rendering them advanced in age by the time that they attain to staff title, so that in frequent instances they become compelled to retire through age after a tenure of office insufficient to realise its advantages. It is cal-

culated that naval surgeons lose 20 per cent. of active time ; consequently they are five years older than army surgeons upon retirement.

It is the opinion of certain economists that the naval medical service might be conducted by a small working staff, with perfect efficiency and with advantage to the State, provided that incentives to continuous active employment were afforded, together with certainty of honourable rank and competence on retirement.

If due incentives be offered, the result will be that surgeons will seek employment even in small ships on foreign stations, so as to make up time.

It is important to give increment of pay at short intervals.

It is the proper function of gold to encourage exertion in the path of duty, and it may be legitimately employed to that end.

Optional retirement need not be accompanied by any grant of honour nor by any augmentation of allowances. When asked for, doubtless it will be a boon that will be as thankfully received as it is much desired.

SECTION VI.

GREENWICH HOSPITAL PENSIONS.

SOON after the issue of the first edition of this pamphlet from the press, the attention of the writer was directed to the paper “relating to the proposed alterations in the government of Greenwich Hospital, and in the appropriation of its income.”

In the Bill to provide for the better government of Greenwich Hospital, and the more beneficial application of the revenues thereof, that received the Royal assent on the 5th July, which may be cited as the Greenwich Hospital Act, 1865, provision is made to manage the Hospital somewhat on the model of Haslar, accommodating 600 sick and infirm pensioners in time of peace, and 1710 additional men in time of war, if requisite.

The staff of officers is to consist of—

- 1 Captain-superintendent.
- 2 Lieutenants.
- 2 Inspectors-general of Hospitals.
- 2 Deputy ,, ,,
- 1 Surgeon and medical storekeeper.
- 4 Assistant-surgeons.
- 1 Agent and steward.
- 2 Chaplains.
- 6 Clerks.

Pensions are to be given to 5000 seamen and to 188 officers.

It is contemplated to sell the advowsons of the livings in Northumberland and Cumberland belonging to the Hospital, and to grant pensions to those

chaplains of the navy on whom the presentations are now bestowed.

Gratuities are to be given to the widows of seamen and marines killed or drowned in Her Majesty's service.

The list of officers nominated to receive pensions is as follows :

Retired list.
20 Flag-officers (10 at the date of the Act of Parliament).
16 Captains (10 at the date of the Act of Parliament).
24 Commanders (15 at the date of the Act of Parliament).
80 Lieutenants (50 at the date of the Act of Parliament).
24 Masters (15 at the date of the Act of Parliament).
15 Paymasters (0 at the date of the Act of Parliament).
0 Surgeons (0 at the date of the Act of Parliament).
0 Engineers (0 at the date of the Act of Parliament).
9 Warrant officers (0 at the date of the Act of Parliament).
Pensions to Chaplains (livings at the date of the Act of Parliament).

Table of number of officers of the specified classes on the active list. [See Navy List for July].

	Number on active list.	Number of pen- sions to officers on retired list.	Value of each pension.	Gross amount.
Flag officers	102	... 20	... £150	... £3000
Captains	300	... 16	... 80	... 1280
Commanders	399	... 24	... 65	... 1560
Lieutenants	773	... 80	... 50	... 4000
Staff-Commanders 126 } Masters..... 244 }	370	... 24	... 50	... 1200
Paymasters	299	... 15	... 50	... 750
Warrant officers.....	900	... 9	... 25	... 225
Chaplains	139	(Proposed to be pensioned by the sale of livings)		
Naval Instructors...	38	... Nil	... Nil	... Nil
Medical officers	596	... Nil	... Nil	... Nil
Engineers	243	... Nil	... Nil	... Nil

Whilst the Bill was in Committee, Captain Sir John Hay, R.N., obtained the sanction of Parliament for the establishment of a sinecure office endowed with a salary of £1000 per annum out of the Hospital Funds,

for the benefit of some flag-officer ; that is, the creation of a *sinecure governorship* in “ A Bill to provide for the *better government* of Greenwich Hospital and the *more beneficial application of the revenues* thereof ” !!

This addition of £1000 to the £3000 already appropriated to the flag-officers is an instance of the influence and prestige of the military branch when the weightiest interests of the Navy are being discussed.

It remains to be seen whether medical officers, naval instructors, and engineers, can be much longer excluded from participation in the Greenwich Hospital pensions.

In reply to a question put to him in the House of Commons, Mr. Childers stated that it was not contemplated to deprive the medical officers of their appointments in the Hospital.

Truly not. The numbers will even be increased. The medical officers will continue to do their duty as heretofore, and, I trust, in as efficient and praiseworthy a manner.

Hear what the Commissioners appointed in 1859 to inquire into Greenwich Hospital state in their Report, in May 1860.

The words of the Duke of Somerset, in the paper from which I am quoting, are as follows :

“ The portion of Greenwich Hospital which is devoted to purposes of an infirmary and helpless wards, is admitted to be successfully administered. The Royal Commissioners report that in this department, the dietary, the dormitories, the dress of the patients, the attention bestowed on their comfort, leave nothing to be reformed. This establishment is, they state, conducted in a manner which is worthy of a great national institution.”

Great praise, coming from so high a source ! Yet

medical officers are excluded from any participation in the proposed distribution of out-pensions from the funds of the Hospital that they serve so well.

It is sophistry to say that medical officers on the active list, performing laborious and responsible duties in the Hospital, for which they receive their bare pay and lodging, are deriving emolument from Greenwich Hospital. If it be true of one class it is true of many, and admirals, captains, lieutenants, &c., should have been denied out-pensions heretofore because officers of such classes were employed in the active service of the Hospital.

The contemplated alterations in the Hospital are unfair, for they exclude surgeons, naval instructors, and engineers ; moreover, *the ratios of the numbers of pensions to the numbers of each class are unequal.*

Verily this Greenwich Hospital Bill is a fit corollary to my pamphlet. It manifests the same spirit of injustice towards the medical officers of the navy that I have portrayed as existing from early times ; and it furnishes the medical profession with evidence of an irresistible kind, that no reliance can be placed upon the Admiralty for just and proper treatment of naval surgeons.

One more remark I have to make. It appears to me that the funds of Greenwich Hospital should be expended on the seamen and marines, and on the warrant officers and non-commissioned officers, *and not on commissioned officers.* Greenwich Hospital would then provide a splendid patriotic fund that would meet all the cases of necessity that might arise during war ; it would also furnish gratuities and pensions to widows, and afford relief to the survivors of shipwreck, and to the families of those lost at sea.

How is it that money left to posterity for the use of the poor always becomes diverted into the pockets of the rich? It is the ravening spirit of covetousness—that sin of mankind.

But since it has been decided to grant pensions to the commissioned officers, agreeably to the purport of the Bill lately passed by Parliament, I demand, *as a matter of right*, that the medical officers of the navy shall participate in the same.

Table of good-service pensions (not connected with Greenwich Hospital) already enjoyed by officers:

7	Flag-officers at	£300	per annum.
21	Captains	150	„
3	Marine officers, viz.—		
1	General	300	„
2	Colonels	150	„
3	Medical officers (with rank of flag-officers) at	100	„

SECTION VII.

SUMMARY OF THE REQUISITIONS OF THE MEDICAL OFFICERS OF THE ROYAL NAVY, AS UNDERSTOOD BY THE WRITER.

I. EQUALITY with the medical officers of the army in every particular; consequently—

(*a.*) A definite order by the Admiralty “to provide a cabin for every assistant-surgeon.”

(*b.*) The whole of the assistant-surgeon’s time to count for pay, promotion, retirement, &c., in the succeeding ranks.

(*c.*) The list of staff-surgeons to be distinct from that of surgeons, as is the case with the surgeons-major in the army.

(*d.*) The relative rank of the staff-surgeon to correspond with that of commanders by date of commission.

(*e.*) Compulsory retirement of staff-surgeons at the age of fifty-five, and of the inspector class at the age of sixty-five.

(*f.*)* Optional retirement of medical officers of any grade after twenty years of active service.

(*g.*) Shore allowances compensatory for loss of emoluments of service afloat.

(*h.*) Similar allowances, at a higher rate, for service abroad.

(*i.*) Prize-money according to relative rank.

(*j.*) Honorary distinctions on the same principles, and as liberally bestowed, as in the army. Removal

* This is a requisition of the medical officers of the army as well as of the navy.

of existing restrictions affecting the medical officers invidiously as regards admission to the Order of the Bath.

(*k.*) Social privileges in alliance with relative rank, without reference to command.

(*l.*) The removal of medical officers from the civil to the military branch of the service, to the end that their services in hospitals at the seat of war may be recognised as military service.

(*m.*) Application to the navy of future regulations (unless retrograde) affecting the medical officers of the army.

II. Increased emoluments to meet the altered circumstances of the age.

(*n.*) The director-general to have brevet rank of a vice-admiral.

(*o.*) The director-general to receive the half-pay of his naval rank in addition to his civil pay and allowances, as is the case with the Controller of the Navy.

(*p.*) An increase of full pay to be given to the medical department, generally, of the army and navy, adequate to meet the increased expenses of society at the present day; with increase of half-pay at the corresponding periods of service, or on final retirement.*

(*q.*) Substantive rank of Deputy Inspector-General, with the minimum retiring pay of that rank, to be given to staff-surgeons on retirement, after 25 years, service.

At the session of the General Medical Council lately held in London, official returns from the army and navy medical department were presented and read.

These documents demonstrate the fact that first-class

* Requisitions *n*, *o*, *p*, appeared in the first edition as suggestions of the writer, but the medical officers have endorsed them, and they consequently become their own requisitions.

and even second-class medical gentlemen eschew the public service of the country.

Notwithstanding the urgent need of medical officers, the army rejected 26 per cent. of the candidates for that service in the year 1864, and the navy rejected 45 per cent.

The competitive examination of the army must be looked upon as more searching than the pass examination of the navy.

It must, therefore, appear tolerably certain that the candidates for the navy were of an inferior description as compared with those that presented themselves for the army examination; and the latter are declared to be only third-class men. The number that passed a good examination for the navy in 1864 constituted one in five. Cheering prospects for our seamen!

The *mala fides* of the authorities of the army and navy towards the medical officers is the main cause of this deplorable state of matters; and the medical profession trust to Parliament, and *to Parliament only*, for position and privileges in the public service of the country, suitable to the requirements of the present day, and based upon *bona fides*.

NOTE TO SECTION I.

[See p. 17.]

DURING the short peace of Amiens a great number of surgeons availed themselves of the chance of quitting the service, so that on the resumption of hostilities a great dearth of medical officers was experienced. An Order in Council of 22nd May, 1804, conferred improvement on the medical department of the army. On the 10th of October, 1804, the physician and the surgeons of the Mediterranean Fleet, under Lord Nelson, memorialised the First Lord of the Admiralty respecting their position. An address to Lord Nelson was forwarded to him, together with the memorial. Nelson replied graciously to the address, and transmitted the memorial. The following are quotations from the address, and show the deplorable state of the medical department of the navy at that period :

“We are conscious that we can prefer no complaint to you concerning the present degraded and neglected situation of naval surgeons which is not acknowledged by hundreds, and denied by none who have seen even a little service, and whose hearts are not shut against the compunctious feelings of nature. No thinking or feeling man will deny that this department of the public service imperiously and irresistibly calls for reform.”—“Nothing, as it now stands, can induce young men to enter into this service but a want of that necessary education which fits him for such an important profession, and the total want of friends. Nothing can support him, even for a short term of years, through the labours and, not unfrequently, the difficulties of this way of life, but a fastidious and determined force [*sic*] of his profession, and an imperious sense of duty above all obstacles. Hardly can anything detain him in a service where he is little honoured and respected.”—“Unless Government will remove the invidious distinctions and disparity of encouragement existing between the army and naval medical departments, they can never fix the hopes of young men on the service, nor even obtain from them those voluntary and zealous services which no sense of duty and subordination can produce.”—“Men trained to the service as officers find themselves initiated in a way of life full of danger, but replete with honour; from this principle they love it, and they are separated from all other professions by almost insurmountable barriers. But ours is a profession where a thousand ways are opened to ambition, and every situation is lucrative compared with that of the navy; and from year to year our fleets are drained of those whom Government would most wish to retain, as we see daily advertisements neglected, and all flocking to the

standard of the army, where they are made respectable, and their services are better requited. Should this derogatory neglect, which is as unworthy of the English nation as it is hurtful to the service, continue to be extended to the medical department of the navy, it requires no spirit of divination to foretel that ere a few years the British seamen, who are the nerves and defences of the country, shall be more helpless in the day of battle and under the invasion of disease than the peasant employed in his more peaceful labours on shore, when assailed by the afflictions of ill-health.”—“Other circumstances are not generally known, and if they were they would not fail to astonish the public mind, and certainly cannot do otherwise than awaken awful feelings in those more immediately concerned.”—“Let the man of the most determined spirit think of this, and if he has not that disregard for life which deprives mere animal courage of all praise, let him say with what heart he can go into the midst of battle, where in a few minutes all is confusion and horror; when the dangers of the hour make no distinction with respect to person; when the high and the low are laid side by side, dead or dying, and the surgeon, for the want of the necessary means of information and instruction in the profession, is incapable of administering assistance.”—“These considerations acquire additional importance, as they are incontrovertible truths.”—“Truths which must make a strong impression on a mind like your lordship’s, which has learned from numberless circumstances duly to appreciate the incalculable importance of having men of matured abilities and persevering industry in the navy.”—“Might we not with the most submissive earnestness ask, Is it acting with the liberal feelings of Englishmen to suffer the medical class of the navy to be thus unprovided for and disrespected? No; we flatter ourselves that your lordship will agree that every generous argument pleads the reverse, particularly when we advert to the generous national favours so abundantly extended to our most fortunate brethren in the army. Surely, then, it must be allowed that it is a galling and afflicting disparagement, highly calculated to paralyse the ambition and to avert the commendable spirit of emulation which actuates men to an intimate cultivation of medical science and their profession in general.”—“From what we have, with deference, ventured to advance, your lordship will readily perceive that men honoured with such a momentous charge in the public service of the state ought to be adequately remunerated, which would incite them to a becoming study of their profession with assiduity and diligence, and they would be proud to support their station in an honorable and respectable rank, by which means Government would at all times command men qualified for any line of service; and this, we presume to affirm, would be as much an honour to the country as the want of it is a discredit, and it would be unequivocally subservient to the state and the purposes of humanity, more grateful to the navy throughout, to see the medical department raised, improved, may we not say created anew? In seeking your lordship’s protection we candidly confess that we have no claim to your lordship’s patronage.”—“We are sure that nothing can be more gratifying

to your wishes and ambition than to see the sick-bed of the brave sailor furnished with comforts and medical attendants of superior abilities."

This was the language of the surgeons of the fleet, addressed to Lord Nelson one year previously to the death of that naval hero at Trafalgar. It was the language of sincere men, conscious of the dignity of their calling and sensible of their wrongs, but earnest in their love to that service that they had chosen, and desirous of securing to their gallant ship-mates the highest benefits of medical science. The gracious manner in which Lord Nelson received the address of the medical officers, and the pleasure he felt in preferring their claims, appear in the words of his lordship's reply :

" VICTORY, at Sea ;

" *October 12th, 1804.*

" GENTLEMEN,—I have received your letter of October 10th, transmitting me a memorial, sent to Viscount Melville, which I shall forward with much pleasure, and to the truth and fair statement of it I most fully agree. I think, from the justice and liberal way of thinking of his lordship, that you have everything to hope for the success of your application, and you may rely that, if I can in any way be useful in rendering justice to such a meritorious set of professional gentlemen as the surgeons of the navy, it will be always embraced by,

" Gentlemen,

" Your faithful and humble servant,

" NELSON and BRONTÉ.

" To Dr. SNIPE, Physician to the Fleet.

„ FELIX, Surgeon H.M.S. Belleisle.

Mr. MAGRATH „ Victory.

„ WATHERSTON „ Royal Sovereign.

„ O'BEIRNE „ Canopus."

From this statement of facts, made by men of such standing in the service, and vouched for by Lord Nelson, it is proved to us beyond doubt that the medical department of the navy was in a deplorable state in 1804.

The surgeons of the fleet, in their memorial to the First Lord of the Admiralty, which was forwarded by Lord Nelson, wrote thus of their relation to the army surgeons:—" That, educated at the same schools, possessing the same share of abilities, embarked in the same cause, and actuated by the same zeal for their profession and love for their country, and suffering equal if not superior labour, difficulties, and dangers to those of their brethren in the army medical department, they see with mortifying concern."

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[Grievances follow.]

" That, without meaning any offence or invidious comparison to a body of men they so highly and deservedly esteem, they humbly presume the character of the naval surgeon stands as high in respect, that his duties

are as estimable and important, and his services to his country as useful and meritorious, as those of the more fortunate army surgeons.

“They therefore submissively claim, and, under your lordship’s influence and protection, confidently hope to receive, the same consideration from their country,” &c.

On receipt of the memorial of the surgeons of the fleet, the Admiralty applied to the King in Council, praying for changes in the position of the naval surgeons, as follows:—“Your Majesty’s naval service having suffered materially in the present war from the want of surgeons and surgeons’ mates, and the commissioners for sick and wounded seamen having represented to us that the difficulty of procuring qualified persons being in a great measure to be attributed to the more liberal provision made for the same description of officers in your Majesty’s land forces, we directed the said commissioners to propose to us a plan for the better encouragement of surgeons and surgeons’ mates of your Majesty’s navy, which might in their opinion tend to remove, or at least to alleviate, the difficulty above mentioned, and be consistent at the same time with the economy necessary to be observed in the expenditure of the public money; and they having, with their letter to our secretary of the 8th of last month, submitted to us a plan which they conceived to be adapted to that purpose, in which they represent to have had in view the regulations existing in the medical department of the army; and while, on the one hand, they have taken care not to make any proposal which, carried into effect, might create dissatisfaction in that department, they have, on the other, left no reasonable ground of complaint to the naval medical officers; and the commissioners having further submitted to us the propriety of allowing medical officers to wear a distinguishing uniform during the time of their being actually employed, and of giving them a comparative rank in the service suitable to their situation, to which consideration it is believed they attach much importance, especially as the regimental surgeons are allowed to rank with captains, and their assistants with subaltern officers, we have hereunto annexed a copy of the plans above mentioned; and having taken the same into our consideration, we are of opinion that the adoption of the proposal therein contained will be of great advantage to your Majesty’s naval service, and do therefore most humbly propose to your Majesty that the same may be carried into execution; that the said medical officers be also allowed to wear a distinguishing uniform, and to have a similar rank with the officers of the same class in your Majesty’s land service, to be subordinate, however, to lieutenants of your Majesty’s ships and vessels wherein they may be employed, during the period of their service, although their appointments may be of prior dates.”

[Here follows the scheme of pay and of general economy as proposed by the commissioners in their letter dated 8th December, 1804.]

NOTE TO SECTION IV (see p. 38).

Tabular View of Comparative Increase of Full Pay since the Peace of 1815.

MILITARY OR EXECUTIVE BRANCH.				YEAR 1815.	YEAR 1865.	INCREASE.
Rear-Admirals and Commodores of the First Class, serving under a Senior Officer	<div> <div> <div>Full pay</div> <div>Table-money when serving abroad</div> </div> <div> <div>Table-money when serving at home ports ...</div> </div> </div>			£881 5 1	£1095 0 0	Total 107 per cent.
				Nil.	730 0 0	
				881 5 1	1825 0 0	
Captains (Seniors)	<div> <div>Full pay (maximum)</div> <div>Command-money</div> <div>Servants' wages</div> </div>			Nil.	577 10 0	Total 90 per cent.
				812 6 0	1095 0 0	
				812 6 0	1672 10 0	
Captains (Juniors)	<div> <div>Full pay</div> <div>Command-money</div> <div>Servants' wages</div> </div>			Nil.	600 14 7	Total 21 per cent.
				284 3 9	328 10 0	
				284 3 9	57 5 10	
Commanders in command of sea-going Ships	<div> <div>Full pay (maximum)</div> <div>Command-money</div> <div>Servants' wages</div> </div>			368 10 9	986 10 5	Total 93 per cent.
				Nil.	399 19 7	
				368 10 9	91 5 0	
Commanders serving under Captains	<div> <div>Full pay (minimum)</div> </div>			Nil.	57 5 10	Total 31 per cent.
				Nil.	548 10 5	
				368 10 9	365 0 0	
Lieutenants in command of Vessels	<div> <div>Full pay (maximum)</div> <div>Command-money</div> <div>Servants' wages</div> </div>			261 8 0	68 8 9	Total 39 per cent.
				148 12 10	48 13 0	
				148 12 10	317 16 9	
Lieutenants (Juniors), on promotion	<div> <div>Full pay (minimum)</div> </div>			118 12 6	182 10 0	Total 54 per cent.

MEDICAL BRANCH.

	YEAR 1815.	YEAR 1865.	INCREASE.
Physicians of Hospital or Fleet, with ten years' service in rank.....	£ s. d. 766 10 0	£ s. d.	
Inspectors-General, with thirty years' entire service on full pay .....	.....	821 5 0	Total 7 per cent.
Physician to Hospital or Fleet, with three years' service in rank.....	574 17 6	.....
Deputy Inspectors-General, with thirty years' entire service on full pay .....	.....	620 10 0	Total 8 per cent.
Surgeons of Hospitals, on promotion	500 0 0	.....
Deputy Inspectors-General, on promotion .....	.....	511 0 0	Total 2 per cent.
Surgeons of Dock Yards.....	500 0 0	500 0 0	Nil.
Surgeons serving afloat	328 10 0	456 5 0	Total 38 per cent.
Surgeons " "	182 10 0	273 15 0	" 50 "
Assistant-Surgeons.....	136 17 6	237 5 0	Total 73 per cent.
Assistant-Surgeons.....	118 12 6	182 10 0	" 54 "

Tabular View of Inequalities of Executive and Medical Branches as regards Good Service Pensions, Court Appointments, &c. [See Navy List of April, 1st, 1865.]

A comparison of the figures in the per-centage column shows that the increase in the two branches has taken place unequally, there being but slight advance in the upper grades of the medical branch, whilst it is very great in the higher ranks of the executive branch. This circumstance is mainly due to the allowances given to executive officers. In other matters besides full pay there is inequality between the branches, as will appear on perusing the following table.

GOOD SERVICE PENSIONS.	In 1815 four Senior Captains held sinecures as Colonels of Marines. In 1837 these sinecures were commuted for Good Service Pensions. In 1865 twenty-one Captains, on the Active List, hold Good Service Pensions of £150 per annum.	GOOD SERVICE PENSIONS.	..... ..... In 1865 three retired Inspectors-General hold Good Service Pensions of £100 per annum.
NAVAL AIDES-DE-CAMP.	In 1830 the rank or office of Naval Aides-de-camp was instituted. In 1865 there are ten Captains, on the Active List, holding the appointment, and receiving £182 10s. per annum.	HONORARY PHYSICIANS AND SURGEONS TO THE QUEEN.	In 1865 there are eight Honorary Physicians and Surgeons to the Queen, but this appointment does not carry with it a salary, as is the case with that of Naval Aides-de-camp.
COURSE OF PROMOTION.	By course of service, Commanders attain to the rank of Captain with tolerable certainty, for the List of Captains (300 in number) is completed from the List of Commanders (400 in number). Promotion goes forward with certainty from the Captains' to the Admirals' List, provided that a certain amount of service be performed.	COURSE OF PROMOTION.	By course of service, Medical Officers can count with certainty upon retirement as Staff-Surgeons. Promotion to the grades of the Inspector class occurs by selection, and is consequently uncertain. The Active List contains— Seven Inspectors (five on full pay, and two on half-pay); seventeen Deputy Inspectors (thirteen on full pay, and four on half-pay). The Active List contains 286 Surgeons. These figures show that the prizes of rank are few, and that the number that attain to the Inspector rank can scarcely exceed one per cent. of those that enter the Medical Branch of the Service.

APPENDIX.

THE UNFULFILLED WARRANT.

ADMIRALTY; 30th May, 1859.

(Medical Officers, Royal Navy—Pay, Half-Pay, Rank, &c.)

HER MAJESTY having been pleased, by Her Order in Council of the 13th instant, to establish the following regulations with regard to the pay, half-pay, rank, &c., of the medical officers of the Royal Navy, my Lords here make known the same, for the information of all whom it may concern.

1.—There shall in future be four grades of medical officers, viz.—

1. Inspector-general of hospitals and fleets.
2. Deputy inspector-general of hospitals and fleets.
3. Surgeon, who, after twenty years' service on full-pay, ten of which in the rank of surgeon, shall be styled staff-surgeon.
4. Assistant-surgeon.

2.—No candidate shall be admitted to the examination for a commission in the medical department of the Royal Navy who does not possess such a diploma as would qualify a civilian to practise medicine and surgery; and no such candidate shall receive a commission as assistant-surgeon until he shall have satisfactorily passed an examination in naval surgery and hygiene before a board of examiners appointed by the Lords Commissioners of the Admiralty.

3.—No assistant-surgeon shall be eligible for promotion to the rank of surgeon until he shall have passed such examination as the Lords Commissioners of the Admiralty may require; and shall have served on full-pay, with the commission of assistant-surgeon, for five years, of which two, at least, shall have been passed on board one or more of Her Majesty's sea-going ships.

4.—No surgeon shall be eligible for promotion to the rank of deputy inspector-general of hospitals and fleets until he shall have served ten years in the Royal Navy, on full-pay, of which three at least must have been passed in one of Her Majesty's ships, on some one or more foreign stations, with the rank of surgeon.

5.—No deputy inspector-general of hospitals and fleets shall be eligible for promotion to the rank of inspector-general until he shall have served five years at home, or three years abroad, in the rank of deputy inspector-general.

In cases of emergency, however, or when the good of Her Majesty's service may render such alteration desirable, it will be competent for the Lords Commissioners of the Admiralty to shorten the several periods of service above mentioned, in such manner as they shall deem fit and expedient.

6.—The rates of full-pay for the medical officers of the Royal Navy will in future be in accordance with the following schedule :

RANK.	After 30 years' Ser- vice on full-pay.	After 25 years' Ser- vice on full-pay.	After 20 years' Ser- vice on full-pay.	After 15 years' Ser- vice on full-pay.	After 10 years' Ser- vice on full-pay.	After 5 years' Ser- vice on full-pay.	Under 5 years' Ser- vice on full-pay.
Inspector - General of Hospitals and Fleets	£ s. d. 2 5 0	£ s. d. 2 5 0	*£ s. d. 2 0 0	£ s. d. ..	£ s. d. ...	£ s. d. ...	£ s. d. ...
Deputy Inspector- General of Hos- pitals and Fleets }	1 14 0	1 10 0	*1 8 0	...	...	...	..
Staff-Surgeon .....	...	1 5 0	1 2 0	...	...	...	..
Surgeon.....	...	...	...	0 18 0	*0 15 0	...	...
Assistant-Surgeon...	...	...	...	...	0 13 0	0 11 6	0 10 0

7.—Every medical officer on the active list, now on half-pay, and those who may be placed on half-pay, subsequently to the 13th instant, will be allowed the half-pay to which his period of service on full-pay shall entitle him, according to the following schedule :

RANK.	After 30 years' Ser- vice on full-pay.	After 25 years' Ser- vice on full-pay.	After 20 years' Ser- vice on full-pay.	After 15 years' Ser- vice on full-pay.	After 10 years' Ser- vice on full-pay.	After 5 years' Ser- vice on full-pay.	Under 5 years' Ser- vice on full-pay.
Inspector - General of Hospitals and Fleets	£ s. d. 1 17 6	£ s. d. 1 13 6	*£ s. d. 1 10 0	£ s. d. ...	£ s. d. ...	£ s. d. ...	£ s. d. ...
Deputy Inspector- General of Hos- pitals and Fleets. }	1 5 6	1 2 6	*1 1 0	...	...	...	...
Staff-Surgeon .....	...	0 18 6	0 16 6	...	...	...	...
Surgeon.....	...	...	...	0 13 6	*0 11 0	...	...
Assistant-Surgeon...	...	...	...	...	0 10 0	0 8 0	0 6 0

* Or on promotion, should these periods of service not have been already completed.

8.—With a view to maintain the efficiency of the service, all medical officers with the ranks of staff-surgeon, surgeon, and assistant-surgeon, will be placed on the retired list when they shall have attained the age of sixty years. Deputy inspectors-general will be placed on such retired list when they shall have attained the age of sixty-five years, and inspectors-general when they shall have attained the age of seventy years. Officers thus superannuated will receive the rates of half-pay mentioned in the preceding schedule.

9.—The relative ranks of the medical officers of the Royal Navy will be as follows

An assistant-surgeon will rank as a lieutenant in the army, according to the date of his commission, and after six years' service on full-pay as a captain in the army, according to the date of the completion of such service.

A surgeon will rank as major in the army, according to the date of his commission, and a staff-surgeon as lieutenant-colonel, but junior of that rank.

A deputy inspector-general of hospitals and fleets will rank as lieutenant-colonel, according to the date of his commission, and after five years' service on full-pay as deputy inspector-general will rank as colonel, according to the date of completion of such service.

An inspector-general of hospitals and fleets will rank as brigadier-general, according to the date of his commission, and after three years' service on full-pay as inspector-general will rank as major-general, according to the date of completion of such service.

Provided always, that no medical officer, while borne on the books of one of Her Majesty's ships, or employed in establishments on shore, shall be deemed superior in rank to the officer appointed to command such ship or establishment; but such commanding officer shall, under all circumstances, be held to be superior in rank and precedence to every officer under his command.

10.—When medical officers of the navy may be employed on shore, on joint service with Her Majesty's land forces, such relative rank will carry with it all precedence and advantages attaching to the rank with which it corresponds, and shall regulate the choice of quarters, rates of lodging-money, servants, forage, fuel, and light, or allowances in their stead; but medical officers serving in the fleet, notwithstanding the relative rank thus conferred upon them, will, in all such details, and also in all matters relating to the duties of the fleet and to the discipline and interior economy of Her Majesty's ships, be subject, as heretofore, to the authority of any executive officer of the military branch, while on duty, under the general regulations which may from time to time be prescribed by the Lords Commissioners of the Admiralty.

11.—Medical officers will share prize-money according to the proclamation or proclamations which may be in force at the time being, for regulating the distribution of the proceeds of prizes in the Royal Navy.

12.—Medical officers will be entitled to the same allowances on account

of wounds and injuries received in action as combatant officers holding the same relative ranks.

13.—The families of medical officers will in like manner be entitled to the same allowances as granted to the families of combatant officers holding the same relative ranks.

14.—Medical officers will be held entitled to the same honours as other officers of the Royal Navy of equal relative rank.*

15.—A medical officer retiring, after a full-pay service of twenty-five years, may, in cases of distinguished service, receive a step of honorary rank, but without increase of half-pay.

16.—Good service pensions will be awarded to the most meritorious medical officers of the Royal Navy, under such regulations as shall from time to time be determined upon.

17.—Four of the most meritorious medical officers of the Royal Navy will be named “Honorary Physicians,” and four “Honorary Surgeons” to Her Majesty.

By command of their Lordships,

H. CORRY.

To all Commanders-in-Chief, Flag-Officers,
Captains, Commanders, and Commanding
Officers of Her Majesty's Ships and
Vessels.

* This clause does not extend to the compliments to be paid by garrisons or regimental guards, as laid down in pages 29 and 30 of Her Majesty's Regulations for the army, nor to corresponding honours paid on board Her Majesty's ships.

STATUTES OF THE MOST HONORABLE ORDER OF THE BATH.

31st January, 1859.

BY THE SOVEREIGN'S COMMAND,

"ALBERT,"

Great Master.

Ninth Ordinance.—"It is ordained, that the Military Division of the Second Class, or Knights Commanders, shall not exceed one hundred and ten in number; and that no person shall be appointed thereto who doth not, at the time of his nomination, actually hold a commission in Our Army or Marines of or above the rank of Colonel, or a corresponding commission in Our Indian Military Forces, or a commission in our Navy of or above the rank of Captain, or a commission of or above the rank of Assistant Commissary-General in Our Army, or a commission of or above the rank of Deputy Commissary-General, of or under three years' standing in Our Indian Military Forces, or of *Staff or Regimental Surgeon in Our Army*,* or a commission of or above the rank of *Deputy Medical Inspector of Fleets and Hospitals* in Our Navy, or a commission of or above the rank of *Senior Surgeon* in Our Indian Military or Naval Forces."

Eleventh Ordinance.—"It is ordained, that the Military Division of the Third Class, or Companions, shall not, except under temporary exigencies, exceed five hundred and fifty in number; and that no person shall be nominated thereto who doth not actually hold, at the time of his nomination, a commission in Our Army or Marines, or in Our Indian Military Forces, of or above the rank of Major, or a commission in Our Navy, or in our Indian Naval Forces, of or above the rank of Commander; or a commission of or above the rank of Assistant Commissary-General, in Our Army, or a commission of or above the rank of Deputy Commissary-General, of or under three years' standing, in Our Indian Military Forces, or of *Staff or Regimental Surgeon in Our Army*, or a commission of or above the rank of *Deputy Medical Inspector of Fleets and Hospitals* in Our Navy, or a commission of or above the rank of *Senior Surgeon* in Our Indian Military or Naval Forces; nor shall any person be admitted into this division, unless his services have been marked by the especial mention of his name in despatches, as having distinguished himself by his valour and conduct in action against the enemy, in the command of a ship of war, or of Our troops, or at the head of a military department, or as having, by some active service under his immediate conduct and direction, contributed to the success of any such

* All the italics in this "Ordinance" are those of the writer.

action : Provided, nevertheless, and We hereby declare, that this last-mentioned regulation shall not be applicable to Commissariat and Medical Officers, and instead thereof, We further declare that no Commissariat or Medical Officer shall be competent to be an Ordinary Member of the Military Division of the Second and Third Classes of the said Order, unless it shall appear to Us that by his meritorious services in actual war in providing for the wants of Our Army or of Our Indian Military Forces, or in taking care of the sick or wounded Officers, Soldiers, and Seamen of Our Army or Navy, or of our Indian Military and Naval Forces, he has deserved such distinction."